



TOTS' COOPERATIVE NURSERY SCHOOL

Registration Packet

2025-2026
School Year

1st day:
9/2/25

For your information please contact us :

www.totscooperative.org

Call : 401-246-2021





461 COUNTY ROAD BARRINGTON, RI 02806
WWW.TOTSCOOPERATIVE.ORG

Completion of Registration Forms

The following forms are required by the State of RI to ensure the well-being of all our students.

In order to file necessary paperwork with the RI Department of Education, all registration packets need to be completed and returned to Tots' by August 15, 2025. Children with incomplete packets cannot legally be allowed to begin school.



*PAGE NUMBER IN PARENTHESES *



ALL FAMILIES MUST COMPLETE THE FORMS FOUND BELOW.

FORMS **HIGHLIGHTED IN GREEN** ARE ONLY REQUIRED BY THOSE COMING INTO THE CLASSROOM

- | | |
|--|---|
| <input type="checkbox"/> REGISTRATION FORM FOR THE SCHOOL YEAR 2024-2025 (PG. 6) | <input type="checkbox"/> STATE OF RHODE ISLAND SCHOOL PHYSICAL FORM OR DR. FORM *THIS IS TO INCLUDE IMMUNIZATION RECORDS. RELIGIOUS EXEMPTION FORM CAN BE USED IF NEEDED. (PG. 13) |
| <input type="checkbox"/> PARENT AUTHORIZATION FOR EMERGENCY TREATMENT (PG. 7) | |
| <input type="checkbox"/> MEDICAL INFORMATION FORM (PG. 8) | <input type="checkbox"/> RI DEPT. OF HEALTH RELIGIOUS EXEMPTION FORM (IF NEEDED) (PG. 14) |
| <input type="checkbox"/> PHOTOGRAPHY AND PUBLICITY CONSENT FORM (PG. 9) | <input type="checkbox"/> RI DEPARTMENT OF HUMAN SERVICES: CHILD INFO. FORM (PG. 15-18) |
| <input type="checkbox"/> TEXT MESSAGE CONSENT FORM (PG. 10) | <input type="checkbox"/> DCYF CLEARANCE REQUEST-\$10 FEE REQUIRED. TO BE COMPLETED ONLINE -NO FORM IN PACKET |
| <input type="checkbox"/> RELEASE AND INDEMNIFICATION AGREEMENT - NEEDS TO BE NOTARIZED (PG. 11) | <input type="checkbox"/> RI BROADCASTER TEXT ALERT SIGN UP (PG. 19) |
| <input type="checkbox"/> PAYMENT AGREEMENT (PG. 12) | <input type="checkbox"/> EMERGENCY CONTACT FORM (PG. 20) |

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Dear Tots' Families:

Your teachers and board members warmly welcome you, whether new or returning, to Tots'. We're delighted you've chosen the close-knit Tots' community for your young ones. We take your child's development to heart and seek to enrich the life of each individual student. Here is information you need to know in order to smoothly start this school year.

SCHOOL SCHEDULE

The first day of school is: Tuesday, September 2, 2025

Drop off: 8:30-8:45 am

Pick up - half day: 11:30 am

Pick up - full day: 3 pm

This year we are thrilled to continue to offer preschool in a mixed age group setting. Hours are Monday-Friday 8:30-3pm. Families may decide half days (either morning or afternoons) and/or full days. If your child is doing mornings and would like to join us for Lunch Bunch (kids bring their own lunch and eat with their peers) 11:30-12/noon, there is an additional \$5 charge per lunch bunch. There is no charge for Lunch Bunch for full day students.

There is an option for an 8 am start at an additional cost of \$6.00/morning. **We have an extended day option from 3-4 pm at a rate of \$11.00/hour.**

All school Promotion & Graduation Day is May 29th, at 6pm. During the month of June, we have "camp" which follows our regular days and hours. The difference is that the class spends most of the day outside.

*Please note: all students must be toilet trained prior to the first day of school.

ORIENTATION

New families/children are invited to explore the school and meet the teachers and other families.

Choose either: **Wednesday 8/27 or Thursday 8/28, 9am-11am.**

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Monthly tuition is based on the number of days per week your child will attend school. Payments are as follows

TOTS' COOPERATIVE NURSERY SCHOOL TUITION

Tuition	September-June 2025-2026	Pay in Full Rates (2% off, paid by 8/31/25)
2 half days (8:30-11:30 or 12-3)	\$270/month	\$2,646
3 half days	\$340/month	\$3,332
4 half days	\$375/month	\$3,675
5 half days	\$475/month	\$4,655
3 full days (8:30-3)	\$615/month	\$6,027
4 full days	\$820/month	\$8,036
5 full days	\$1,025/month	\$10,045
1 full day/week (4-5 days/month)	\$52/day	

PLEASE DROP-OFF OR MAIL CHECKS TO:
TOTS' COOPERATIVE NURSERY SCHOOL
461 COUNTY ROAD
BARRINGTON, RI 02806

*There will be \$20 processing fee for any returned checked.

Early drop off (8 am drop-off) = \$6 extra/day
Late pick up (4pm pickup) = \$11 extra/day

If pay in full rate is not chosen, monthly tuition payments are expected on the first of the month.
A late fee of \$10 will be issued if payment isn't received by the 10th of each month.



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Volunteer Committee Positions

Fundraising Chairperson (2 people)

- Chair one of two fundraising events (annual wreath sale or parent night out/raffle) with the help of committee members.
- Represent and report the ideas, events, and progress of the Ways and Means committee to the Board
- Receive approval from the board for all monies needed to fund events.

Fundraising Committee (2 people)

- Assist Fundraising Chairpersons with planning and recruitment for all fundraising events

Newsletter (1 person)

- Gather information and photographs from teachers for the weekly newsletter; type and distribute

Website (1 person)

- Maintain and update the Tots' website as needed

Playground/Facility Maintenance (2 people)

- Maintain outdoor play area with assistance of Tots' families
- Organize and recruit families for winter and spring classroom clean up and spring playground clean up
- Decorate 2 Tots' signs and maintain surrounding areas

Social Media Manager (2 people)

- Maintain Tots' Facebook and Instagram page: Post and promote fundraisers and communicate with the Teachers to post photographs of the school, students, events, artwork, etc.

Secretary (1 person)

- Maintain and return Tots' email
- Communicate with Teachers for assistance and bring any necessary topics or issues to their attention

Student Event Planer (1 person)

- Plan monthly in school visits to Tots' such as Dave Marchetti's Animal Experiences, Mermaid Jessie Jewels, Mrs. Katz Hatz, Spanish with Sole, the Audubon, Pow Science, Save the Bay, and RISPCA.

Out of School Event Planner (2 people)

- Plan get togethers outside of Tots', such as the Playground at the Children's Museum and Parents Night Out.

Available & Filled Positions

- **Fundraising Chairpersons: Available**
- **Fundraising Committee: Available**
- **Newsletter: Available**
- **Website: Katie Sedgwick (Gayle's Daughter)**
- **Playground/Facility Maintenance: Available**
- **Social Media Manager: Available**
- **Secretary: Available**
- **Student Even Planner: Available**
- **Out of School Event Planner: Available**



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REGISTRATION FORM FOR THE SCHOOL YEAR 2025-2026

NAME OF CHILD: _____ NICKNAME: _____

DATE OF BIRTH: _____

PARENTS' NAMES: _____

HOME ADDRESS(ES): _____

HOME TELEPHONE(S): _____ CELL PHONE(S): _____

WORK/OTHER PHONE(S): _____

EMAIL ADDRESS(ES): _____

NAME(S) OF PARENT(S) PARTICIPATING AS PARENT HELPER(S):

Please circle preferred method of phone and emails that should receive school related mailings.

PROOF of BIRTH DATE

State law requires proof of child's date of birth be presented to school prior to admission. Therefore, please attach to this packet a copy of your child's birth certificate or legal document proving date of birth.

Preferred Days & Times (Monday-Friday and full day 8:30-3 or half day 8:30-11:30 extended hours until 4 as needed)

Parent Signature: _____ Date: _____



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PARENT AUTHORIZATION FOR EMERGENCY TREATMENT

Child's Name: _____ Date of Birth: _____

In consideration of admittance, I _____ (parent/guardian) hereby authorize Tots' Cooperative Nursery School to arrange for medical examination and/or treatment of my child should an emergency arise at school/on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ Hospital.

*Choice of hospital may be limited by service of local rescue squad.

Mother's/Guardian Signature

Home/Cell Phone

Work/Cell Phone

Father's/Guardian Signature

Home/Cell Phone

Work/Cell Phone

Relatives or other persons to contact in an emergency situation:

Name Address Phone Relationship to Child

1.

2.

Physician: _____ Phone: _____

ALLERGIES: _____

Has your child had any serious illness? _____ If so, what? _____

Has your child had any allergic reactions? _____ If so, what? _____



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(USE WITH POLICY 900.0035,900.0040)
MEDICAL INFORMATION FORM

NAME OF SCHOOL: TOTS' COOPERATIVE NURSERY SCHOOL

ADDRESS: 461 COUNTY ROAD, BARRINGTON, RI 02806

Dear Parent or Guardian:

In order for any child to attend any school in Rhode Island, it is mandated that a Physician's Record of Immunization and Pre-Admission Examination be provided to school officials.

Please have attached form completed by your physician and return it to the school. In addition, will you please respond to the questions listed below concerning your child?

Kindly sign this page, date it, and return it tot the school.

Child's Name: _____

Has your child had a tuberculin skin test? ____ Yes ____ No

If yes, indicate: Date _____ Positive ____ Negative ____

Has your child had a lead-screening test? ____ Yes ____ No

If yes, indicate: Date _____ Positive ____ Negative ____

Has your child ever visited a dentist or dental clinic? ____ Yes ____ No

Is your child potty-trained? ____ Yes ____ No

Your child must be potty-trained before the start of school.

Are there any conditions, which should be brought to the attention of a teacher and/or nurse in school, e.g., allergies, seizures, surgery, etc.?
____ Yes ____ No

Please specify: _____

Parent's (or Guardian's) Signature Date

[Please note that any child entering Tots' who may need an epi-pen MUST have the epi-pen and doctor's orders/directions ON THE FIRST DAY OF SCHOOL. The child will not be permitted to start without these two items]



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PHOTOGRAPHY AND PUBLICITY CONSENT FORM

Please review the categories below and tell us where and for what duration we may or may not use photographs of your child.

Classroom: For use inside the Tots' classroom only

Newsletter: Distributed to parents of students currently enrolled at Tots' AND on the Tots' website

External Publicity: Any print or online material used to promote the school, including but not limited to brochures, local newspapers, social media (**Tots' uses Facebook & Instagram**) materials distributed to parent groups or displayed on parenting websites.

Website: Displayed on www.totscooperative.org, the school's website.

Based on the above category descriptions, please make your selections below (**Each category must be checked once either in the MAY or MAY NOT section**).

You **MAY** use pictures of _____ (child's name) in:

- ☐ Classroom photography
- ☐ Newsletter photography
- ☐ External publicity (select one option, below)
- ☐ Only while enrolled at Tots'
- ☐ Lifetime release (after child has graduated)
- ☐ Website (select one option below)
- ☐ Only while enrolled at Tots'
- ☐ Lifetime release (after child has graduated)

You **MAY NOT** use pictures of _____ (child's name) in:

- ☐ Classroom photography
- ☐ Newsletter photography
- ☐ External publicity
- ☐ Website

Name: _____
(Print Name)

Date: _____

(Signature)



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TEXT MESSAGE CONSENT FORM

_____ **Yes, I would like to opt in to daily text messages (up to 1-2 times/day) that include my child (please choose one option below)**

Alone_____

With other classmates _____ *by checking this box, you also consent to pictures of your child being sent to other parents in which their child is also included in the photo or video (for example, Sally and James are in a picture together, and both parents are sent the same picture)

_____ **No, I would not like a daily text sent**

My child may be included in pictures sent to other parents:

Yes_____

No_____

Child's Name: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____



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RELEASE AND INDEMNIFICATION AGREEMENT

(This form must be notarized and signed by both parents)

The undersigned hereby release the officers and members of Tots' Cooperative Nursery School, collectively and individually, from any debt, claim, cause of action or demand which the undersigned may have, now or in the future, by reason of any act or omission of any of the officers, members, or employees of Tots' Cooperative Nursery School while operating classes or other activities for or conducting the affairs of Tots' Cooperative Nursery School, which is in excess of the existing insurance coverage, and the undersigned hereby agree to indemnify and save harmless the officers and members of Tots' Cooperative Nursery School, collectively and individually, from any liability to any child of the undersigned, which is in excess of the existing insurance coverage, and may arise by reason of any act or omission of any of the officers, members or employees of Tots' Cooperative Nursery School while operating classes or other activities for or conducting the affairs of Tots' Cooperative Nursery School.

Witness our hands and seals this _____ day of _____
Month/Year

Father's Signature

Mother's Signature

Notary Public

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PAYMENT AGREEMENT

Tuition payments are to be made on the 1st of each month. Checks received after the 10th of the month are considered late and a \$10 fee is charged. Tuition checks should be made payable to: Tots' Cooperative Nursery School and can be given to the teachers or mailed to the school. Monthly tuition is non-refundable.

Non-Refundable first month and June payment due August 15, 2025

I reviewed and understand the terms of Tots' payment agreement.

Parent Signature

Date

Parent Name Printed

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School Name & Address:

Grade:

STATE OF RHODE ISLAND
SCHOOL PHYSICAL FORM

Health Care Provider Name and Address:

Phone:

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street	Apt #	City	State	Zip Code
			Home Phone	

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript).

IMMUNIZATIONS	Please enter dates in MM/DD/YYYY format			
Hepatitis B				
Diphtheria-Tetanus-Pertussis DTaP < 7 years				
Pneumococcal Conjugate PCV				
Polio				
Haemophilus Influenzae Type B Hib				
Measles-Mumps-Rubella MMR				
Varicella				
	<input type="checkbox"/> Student has history of varicella disease			
Tetanus-Diphtheria-Pertussis Tdap/Td ≥ 7 years				
Rotavirus				
Hepatitis A				
Meningococcal				
HPV				
Influenza				

Medical Exemption:

☐ Hep B
 ☐ DTaP
 ☐ PCV
 ☐ Polio
 ☐ Hib
 ☐ MMR
 ☐ Varicella
 ☐ Td/Tdap
 ☐ Rotavirus
 ☐ Hep A
 ☐ Mening
 ☐ HPV
 ☐ Influenza

PHYSICAL EXAMINATION

Date of PE ____/____/____ Height ____ Weight ____ BP ____

PLEASE NOTE ANY HEALTH PROBLEM, CHRONIC HEALTH CONDITION OR DISABILITY THAT MAY AFFECT BEHAVIOR OR HEALTH AT SCHOOL:

1. ASTHMA: No ☐ Yes ☐ If yes, complete an *Asthma Action Plan* (www.health.nh.gov/publications/actionplans/2012Asthma.pdf)
2. ALLERGIES: No ☐ Yes ☐ (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No ☐ Yes ☐
- If student has a severe allergy (food, insect, other) complete a *Food Allergy & Anaphylaxis Emergency Care Plan* (www.foodallergy.org/document.doc?id=234)
3. DIABETES: No ☐ Yes ☐ If yes, complete a *Physicians Order Form For Students With Diabetes* (www.health.nh.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf)
4. OTHER: _____

Treatment Plan: _____

RESTRICTIONS: Can participate in physical education/sports: Fully ☐ With limitation ☐ _____MEDICATION (REQUIRED AT SCHOOL): No ☐ Yes ☐ (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

LEAD SCREENING (Required for children < 6 years old) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCOLIOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed Screening <input type="checkbox"/> Screened & referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened
TUBERCULOSIS (If required by school district) Date of TB test: _____		Screening / Referral Date: _____ Comprehensive Exam Date: _____

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____

PRINT NAME: _____



Religious Immunization Exemption Certificate

For Use in Public and Private Daycare, Preschool, School & College

Instructions for completing a Religious Immunization Exemption Certificate

Section 1: Enter student information.

Section 2: Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date after reading Vaccine Information Statement (s).

Section 3: Obtain school signatures.

Name of Daycare, School, or Institution	Street Address	City	Zip Code	Phone
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Section 1. Student Information

Student Name	Date of Birth	Grade
Street Address	City	Zip Code
Name and Address of Healthcare Provider	City	Zip Code

Section 2: Immunization Exemptions (To be completed by parent/guardian, or student if the student is 18 yrs. old or older)

I request that the above named student be exempt from the vaccine(s) checked below based on my religious beliefs:

☐ DTap ☐ Hepatitis B ☐ HIB ☐ IPV ☐ Influenza ☐ PCV ☐ Varicella ☐ MMR ☐ Td

I have received and read the educational materials explaining the disease(s) and vaccine (s) checked above and:

_____	I understand the benefits and the risks of the vaccine(s).
Initials	
_____	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
Initials	
_____	I understand the risk of transmitting the disease(s) to others.
Initials	
_____	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.
Initials	

I understand the above risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

Signature of Parent/Guardian or Student.
(if the student is 18 years of age or older)

Date

Section 3: For School Official Use Only – Date, sign, and distribute copies as indicated below.

School Nurse Signature	Date
School Administrative Head Signature	Date

Note: In accordance with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (216-RICR-30-05-3), it is the responsibility of the administrative head of the daycare, preschool, school, or college to secure compliance with the regulations. The administrative head of the daycare, preschool, school, or college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.



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Rhode Island Department of Human Services

Licensed Child Care: Child Information Form

Child Information		
Child's Full Name:		
Date of Birth (MM/DD/YYYY):	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language:		
Secondary Language:		
Primary Address		
Number and Street:		
City/Town:	State:	Zip:
School Information (School age, developmental preschool, early intervention, services, etc.)		
School/Program Name:	Phone: () -	
Number and Street:		
City/Town:	State:	Zip:

Parent/Guardian 1 Information		
Parent/Guardian Full Name:		
Parent/Guardian Role:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____	
Contact Information		
Primary Phone: () -	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	
Secondary Phone: () -	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home	
Email:		
Home Address		<input type="checkbox"/> Same as Child
Number and Street:		
City/Town:	State:	Zip:
Employer Information		
Employer Name:		
Address:		
City/Town:	State:	Zip:
Typical Schedule		



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Child Information Form

Child's Name: _____

Parent/Guardian 1 Information							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Parent/Guardian 2 Information							
Parent/Guardian Full Name:							
Parent/Guardian Role:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____						
Contact Information							
Primary Phone:	() -	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home					
Secondary Phone:	() -	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home					
Email:							
Home Address			<input type="checkbox"/> Same as Child				
Number and Street:							
City/Town:		State:	Zip:				
Employer Information							
Employer Name:							
Address:							
City/Town:		State:	Zip:				
Typical Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Additional Members of Child's Household	
Full Name:	Relationship:
Full Name:	Relationship:
Full Name:	Relationship:
Full Name:	Relationship:
Full Name:	Relationship:



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Child Information Form

Child's Name: _____

Additional Child Information	
<i>It is recommended that this form is copied and provided to the child's direct teacher/provider.</i>	
Social-Emotional	
Child's Habits:	
Child's Fears:	
Favorite Toys/ Activities:	
Child's Interests:	
How do you comfort your child?	
How do you guide your child's behavior?	
Bathroom Habits	
Is your child potty trained? <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost/Starting </div>	Does your child tell you when they have to use the bathroom? If so, how?
Is your child prone to diaper rash? <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	What do you use to treat diaper rash? <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Lotion <input type="checkbox"/> Oil <input type="checkbox"/> Powder <input type="checkbox"/> Other: </div>
Sleeping Habits	
Is your child sleep in a crib? <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Typical nap/time and/or nap habits:
Health	
Special physical conditions and/or disabilities: <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes: If yes, please explain: <input type="checkbox"/> No </div>	
Regular medications: <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes: If yes, please explain: <input type="checkbox"/> No </div>	
Allergies: <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes* - If yes, please complete the Allergy Information Sheet <input type="checkbox"/> No </div>	



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Child Information Form

Child's Name: _____

Child Care Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrive:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Depart:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Parental Access Restrictions

If there are temporary or permanent restrictions on a person's access to their child, please read and complete this section thoroughly. Please note: If the restricted person(s) are a child's biological parent(s), in order to abide by the permissions stated below, programs MUST have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Acknowledgment

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates to the information in this form.

Parent/Guardian Name (Print)	Relation to Child
Parent/Guardian Signature	Date



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RI BROADCASTER TEXT ALERT SIGN UP

Be notified if your school is closed with a text message sent to your mobile phone or email.

PLEASE USE THE LINK BELOW:

[HTTPS://MY.TEXTCASTER.COM/ASA/DEFAULT.ASPX?ID=6D6B22E1-242F-46B3-AE4F-E01582E9A14C](https://my.textcaster.com/asa/default.aspx?id=6D6B22E1-242F-46B3-AE4F-E01582E9A14C)

Tots' Cooperative Nursery School follows Barrington Public School department for all weather related cancellations and delays



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EMERGENCY CONTACT INFORMATION

Child's Name: _____ Allergies: _____

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

Emergency Contacts:

Name(s): _____

Phone: _____

Email: _____

Pick-up Approved:

Name(s): _____

Phone: _____

Email: _____

Physician Practice: _____ Address: _____

Physician Name: _____ Phone: _____